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Carolina Fernandez Branson
University of Minnesota, ferna149@umn.edu

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The Discursive Construction of Risk in Medicine and Health Media

CAROLINA FERNANDEZ BRANSON

Communication
University of Minnesota
224 Church St SE, Minneapolis, MN
United States
ferna149@umn.edu

ABSTRACT: In this paper, I argue the way that health risks are constructed in women's popular health media obscure the individual risks of acquiring an illness by suggesting everyone is at risk, while at the same time portraying risks as if they are within one's control, thus leaving the audience with a mixed message about risk mediation and its limits.

KEYWORDS: health, media, risk

1. INTRODUCTION

The famous sociologist Ulrich Beck (1992) has suggested that late modernity is marked by an emphasis on risk, arguing that we are living in a "risk society." Beck argues that knowledge about risk is largely dependent on expert opinions because risk calculations are frequently conducted by scientists. However, he also argues that risk discourses lend themselves to reflexivity in late modernity due to the risks wrought by modern progress (such as the environmental degradation that is a result of industrial pollution). Thus the lay population no longer accepts expert opinions unquestioningly. In the struggle over risk construction, Beck (1992) situates the mass media as a key site where this discursive struggle is played out.

In this paper, I analyze the discursive construction of health risks in medicine in general, and women's popular health media in particular, to demonstrate how risk discursively functions in these sites to distort the nature of individual risk. The media I analyze (*The Dr. Oz Show*, *Prevention Magazine*, and *Women's Health Magazine*) personalize risk through sensationalizing health risks in a way that universalizes and expands risk. However, this same media also presents medical care as a source of risk, thus illustrating reflexivity within this media. I argue that this paradox makes it difficult to make sufficiently contextual decisions about health. I argue that this is unethical because it may actually negatively influence health by inducing anxiety and promoting an individualistic focus on personal health rather than common sources of illness that affect many people, such as pollution. First, I illustrate the pervasiveness of risk discourses in health; then, I provide examples from media texts of the universalizing nature of risk discourses. Next, I show how reflexivity functions to question expert authority, and finally I discuss the implications of the risk paradox for individual and public health.

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2. DISCURSIVE CONSTRUCTION OF RISK IN MEDICAL JOURNALS

As Beck (1992) and Fairclough & Chouliaraki (1999) argue, the concept of risk is a major discursive force in late modernity, and this has both material and political consequences. This is especially true in the realm of health and is reflected in the medical literature. In his analysis of how often the term "risk" was used in major medical journals between 1967 and 1991, Skolbekken (1995) looked at U.S. (*Journal of the American Medical Association*, *The New England Journal of Medicine*), British, and Norwegian medical journals to analyze how often the term was used. Skolbekken (1995) notes though the life expectancy rate is higher in Europe and North America than ever in history, the focus on the risks of everyday life to our health have increased much more in contemporary society than in the past (p. 291). The term was so pervasive in the journals that Skolbekken analyzed that he termed it a "risk epidemic."

Skolbekken (1995) also highlights the ideological nature of the term risk and argues that it is not neutral, but a set of concepts to which ideological meanings have been attached (p. 297), writing:

> The most vital contribution to the 'risk epidemic,' then, has come from the development of scientific thinking itself. Within this thinking there has been a movement from a paradigm of monocausal determination towards a paradigm of multiple causes and effects, accepting uncertainty as a vital factor. (p. 298)

While this may be true, scientific knowledge is always much more contextual and specific. For example, research in scientific and medical journals allows for many possible caveats to the research. However, the way that information about risk—gleaned from medical and scientific journals—is constructed in the media proposes risk as uncontrollable and nearly unpredictable, or conversely, able to be managed to a tee.

Skolbekken (1995) also argues that risk calculations rendered by science help us feel as if we have some measure of control over health and illness and confirms optimism about what can be achieved through science. It is through these discourses that the media highlight the multiple ways in which individuals can mediate risks, thus de-politicizing collective sources of health risks (such as environmental pollution).

Finally, among the criticisms of what he terms "the risk epidemic" in medicine, Skolbekken (1995) mentions the possibility that humans are not linear systems and that chaos theory might better be applied to understanding human health: "If we are to believe the epidemiological risk constructions, there seem to be few, if any, things in life that are purely healthy or unhealthy" (p. 302). It is this final point that is poorly represented in the media. For example, frequent articles that claim a particular food is only good or bad for one's health are short-sighted and usually based on one or two studies, without the limitations of the study included in the media's reporting.[1]

3. DISCURSIVE CONSTRUCTION OF RISK IN WOMEN'S POPULAR HEALTH MEDIA

Consumer distrust of corporations and environmental health hazards are linked intimately to the logic of risk that characterizes late modernity and encourages individuals to constantly engage in risk management as a way to try and mediate health risks. The perception that risk is

[1] See Hamblin (2013) in reference list.

constantly present is problematic given the psychic burden it may impose on individuals. Indeed, as Derkatch (2012) notes, risk as an inherent facet of wellness may lead individuals to more closely monitor their bodies and thus lead to more surveillance and the medicalization of more bodily processes.

This is clearly illustrated in women's popular health media. Many of Dr. Oz's shows (I analyzed 29 episodes from the 2011 fall season) follow this script in that they are devoted to losing weight and eating healthier as a means to prevent disease (risk mediation) rather than to lose weight to look good. Therefore, the message on risk mediation in the name of health ends up falling under diet and beauty segments, thus blurring the line between health and lifestyle. The amount of content on his show that is devoted to weight loss and healthy eating is staggering and is frequently parsed in the context of disease risk. For example, some titles to these shows include, "Dr. Oz's Most Extreme Experiment Ever: Could a Prehistoric Diet Save Your Life?" and "Is Your Fat Causing Cancer?"

In one such segment, where Dr. Oz discusses fatty liver disease, he emphasizes the risk of eating unhealthy food to a black female audience member as not just cosmetic, but potentially fatal. He tells the woman that she should not eat doughnuts, and suggests to her that she think of eating doughnuts as a potentially catastrophic blow to her health. "So don't think about it as just a little bit of fat on your thighs. Think about it as a toxic event in your liver that will change your life," ("Ultimate Happiness," 2011). Meanwhile, her personal (or viewer's) risk of developing fatty liver disease is multifaceted, and according to the Mayo Clinic includes several other risk factors such as having Type 2 Diabetes, being malnourished, or losing weight too quickly. Clearly the risk factors cannot be reduced down to eating one doughnut or even necessarily improving one's diet.

Women's popular health magazines contain similar content.[2] One article in *Prevention* emphasizes the gravity of exercise in preventing illness and increasing longevity. The article, entitled "Lose Weight, No Sweat," discusses exercise as a means not just to slim down as the title implies, but as a means to boost longevity. The article's introduction highlights the possible scary consequences of inactivity:

> The biggest health hazard you're up against just might be a chair—or a couch or recliner—and all the time you spend sitting in it. Desk jobs, long commutes, too much TV time—all that inactivity our daily routines dictate—is about as bad for us and as fattening as a steady diet of bacon and bread. And despite what you might think, slipping on sneaks for daily sweat sessions alone isn't enough to combat the slow slide toward sickness. According to a study published in the American Journal of Epidemiology, women who sat for more than 6 hours each day had a 37% increased risk of premature death, compared with women who sat for less than 3—regardless of how often they hopped on a treadmill." Nearly all of us are at risk. The average American spends more than 8 hours each day with his or her rear glued to a desk chair, car seat, or couch, according to the American College of Sports Medicine. (Cassity, 2011, para 1).

The article goes on to state that not only does being sedentary slow your metabolism, but it increases blood sugar, cholesterol and can lead to diabetes, heart disease and a variety of cancers. The article highlights the importance not just of routinely exercising, but of changing one's lifestyle to decrease the risk of death, and as a side benefit, lose weight:

[2] I analyzed every single feature article on Complementary and Alternative Medicine (CAM), which deals primarily with prevention of disease and maintaining health, in 2011 in *Women's Health* magazine and *Prevention* magazine.

> "It requires you to rethink all your habits and find new, more active ways to get through your day, like walking into Starbucks instead of sitting in the drive-thru. If you move enough, you can offset the danger of all the sitting you can't avoid. Bonus: You can burn up to 1,000 calories a day, without ever setting foot in the gym." (Cassity, 2011, para. 4)

This article is typical of the way that stories on weight loss are framed in these media: not just as losing weight for its own sake, but as a way to potentially save your life, with weight loss as an added perk. These media thus suggest that simply eating healthy or exercising is a panacea when it comes to risk prevention. Yet, at other moments they posit that everyone is at risk, with little one can do to control it.

Another virtually identical article in *Prevention* that was written ten years earlier in 2002, entitled, "Lose 35+ Pounds Without Working Out," discusses how to lose weight without going to the gym, but this article approached the topic from a much different perspective. The older article exclusively focuses on losing weight as a goal in itself:

> Remember when you had to walk into the gas station to pay? When delivery pizza wasn't an option? When you mowed your own lawn? When you had to get off the couch to change the channel? These are just a few of the tasks that are becoming obsolete and depriving us of physical activity. (For more, see p. 112.) If you add up all the extra calories you could burn just from doing a few things that involve actually moving, you could lose up to 38 lbs. in a year! (2002, para. 2)

Although both articles focus on the problem of a sedentary lifestyle, the more recent article uses language that discusses being active in life or death terms and the risk to one's health, while the second article much more airily describes being more active as a means to lose weight. The mediation of risk and the quest to extend life assume a sense of urgency as opposed to merely losing weight. The construction of risk thus becomes an ever-present event at the cusp of being realized.

The media I have highlighted here subsume lifestyle segments such as diet and exercise under risk mediation for diseases, thus obscuring those categories, and providing misleading information that suggests that risk mediation is within one's control at the same time that it obscures the actual individual likelihood of getting any given disease based on multiple personal risk factors.

4. REFLEXIVITY AND SKEPTICISM OF HEALTH INSTITUTIONS

The above section highlighted the individual ways in which people can mediate health risks, yet popular health media also discuss risk in terms of its difficulty to manage, even if one is healthy. This is most clearly reflected in stories on medical errors. As Entwistle and Sheldon (1999) point out, stories on medical errors are increasingly common in the media:

> Examples of clinicians or health-care organisations making mistakes or achieving poor outcomes from their care now appear quite often in the news. Problems that have been highlighted recently include misdiagnoses, failure to investigate fully the cause of symptoms, delays in the initiations of appropriate treatment, and overtreatment. Problems with particular medical techniques and with the technology that supports screening and treatment systems are also reported. (128)

These risk discourses are bound to institutional critiques of medical institutions, yet because there is little one can do to mediate medical errors, they do not assist patients in understanding health risks in a meaningful way.

For example, a 2011 article in *Prevention* entitled, "Don't Get Surgery in July…" highlights information on how to avoid being the victim of medical mistakes. The article frames medical mistakes as exceedingly common, citing 98,000 deaths per year. The article goes on to instruct readers how to avoid becoming a statistic and offers tips to reduce risk such as choosing a hospital that has low infection rates, using a hospital with electronic records, making sure your physician is board certified and asking her or him how long they have been practicing, and avoiding surgeries on the weekends, holidays, Friday afternoons and during the month of July.

According to the article, other research required of women patients includes assessing when shift changes occur, asking your doctor to let you see their drawings on incision sites before surgery, asking everyone to wash their hands before touching you, asking for your room to be periodically cleaned if you're there more than a few days, using a tissue to touch elevator buttons, and being friendly to the nurses. On this last point, the article notes, "Manipulative? Insecure? Maybe—but it's your life that's at stake" (Chen, 2011, para. 17). The list is rounded out with suggestions to ask for the second or third surgery time of the morning and asking your doctor to tuck in ties or necklaces in their coats as they may be contaminated with bacteria. As an added measure, the article says to have alcohol disinfectant wipes at the ready to clean anything such as pens that may have been touched by dirty hands. Following every bit of advice in this article would require a lot of labor on the part of the patient. Suggesting that women follow these rules for themselves and their family members adds stress to the already complicated and often emotionally-fraught process of being hospitalized or requiring surgery and may not meaningfully reduce the risk of medical error, as the patient has no control during the actual surgical process.

On his program, Dr. Oz also amplifies consumers' suspicion of pharmaceutical companies. For example, when alternative health practitioner Dr. Andrew Weil is on the show to promote his book *Spontaneous Happiness*, Oz offers Weil a platform to voice his distrust of pharmaceutical companies. In his discussion on what he perceives to be the problem of the overmedication of Americans with antidepressants, Weil attacks the corporations:

> This [the number of Americans taking antidepressants] cries out for explanation. Why is one in 10 Americans taking antidepressant medications? Well, two big possibilities to consider: the first is that a significant portion of this has been created by the medical pharmaceutical complex, and I think there's no question about that. We have been sold a bill of goods telling us that ordinary stints of sadness are chemical imbalances of the brain that have to be treated by taking drugs. Now, I don't think that's true in many cases, so some fraction of this depression epidemic is manufactured. I don't know what it is maybe a third? If you take that away, it still leaves us with a lot of depression to be explained. (Winfrey, 2011)

Weil is essentially forwarding a critique made by many health scholars such as Applbaum (2006) and Calfee (2002) who have studied the marketing tactics of pharmaceutical companies and argued that they are attempting to expand disease categories for financial gain. That this critique is forwarded on a mass broadcast daytime television program speaks to the increasing public skepticism of health institutions such as pharmaceutical companies.

These examples highlight the strong connection between prevention, health, and the mediation of risk. As Kirkland (2010) points out, totally alleviating risk in terms of health is impossible, as even those who always make health decisions based on expert advice may still fall ill; thus Oz's (and other popular women's health media) paint risk both as something that can be managed to a tee, but also conversely something that can strike anyone at any time. As

Kirkland (2010) comments: "Total self-care and independence is an illusion, inflating the sense of entitlement of those who think they have achieved it, causing unbearable stress on those who can barely achieve it, and leaving only second-class citizenship for those who cannot achieve it at all" (p. 199). Thus, popular women's health media contribute to discourses that suggest that risk may be managed as a means to promote health, but conversely, by highlighting stories of those who fall ill with no risk factors these media also suggest that no one is safe.

5. CONSEQUENCES OF RISK CONSTRUCTION

Both the medical profession and the media work synergistically (see Friedman, 2004) in the construction of health risks. This synergy thus influences health messages that potential patients receive both in the medical encounter and in their everyday use of popular media. Thus, it is important to question the consequences of the construction of risk as ever-present and universal yet able to be managed by making the correct choices.

Scholars who study the construction of risk's effects on psychology such as Loewenstein, Weber, Hsee, and Welch (2001) argue that constructing risks in this way may not lead to more responsible health behaviors. They argue that risk is not a simple calculation of rational probability of the occurrence of a particular event, but instead also includes factoring in people's emotions: "The risk-as-feelings hypothesis…postulates that responses to risky situations (including decision making) result in part from direct (i.e. not cortically mediated) emotional influences, including feelings such as worry, fear, dread, or anxiety" (Loewenstein et al., 2001, p. 271). Loewenstein et al. (2001) also argue that even when an individual is adequately educated about risks, emotion or feeling may displace rational knowledge: "Diverse evidence also supports the proposition that affect mediates, at least in part, the relationship between an individual's cognitive evaluation of risk and his or her behavioral response to it" (p. 272). Thus, their work illustrates that even when someone is educated about risks, they may be unable or unwilling to act according to that information. In addition, advice on exercise and diet may not prevent the occurrence of an illness, thus possibly leading to feelings of failure.

Loewenstein et al. (2001) also argue that increasing vividness (such as a health threat from a potential source) can increase anxiety which can lead to less risky behaviors; however,

> Anxiety induction is not, however, a panacea when it comes to promoting self-protective behavior. Besides the fact that evoking anxiety saddles people with the hedonic burden of the anxiety itself, it can also induce defensive reactions that undermine efforts at risk mitigation. (p. 275)

Therefore, their discussion of how people deal with and perceive risks offers an instructive guide to how important it is to adequately present mediated messages on risks as they may affect an audience in a multiplicity of unseen ways.

Health scholar Robertson (2000) also points out that the constant circulation of information that highlights the threat of health risks to women (in her study, the risk of breast cancer) may lead women to feel as if they can never feel normal or healthy: "To the extent that risk represents a warning to the individual of potential future illness, this may become a lived or experienced state of ill health" (p. 222). Robertson also argues that risk discourses can be neoliberal in the sense that the way they have been deployed in terms of health risks rely on individualism, the free market, and limited government in terms of the self-care and self-surveillance required of individuals in order to mediate health risks. In her analysis, which

consisted of interviewing women in focus groups about breast cancer risk, women identified individual behaviors, such as eating healthy, not smoking, and limiting alcohol as key components in managing their risk of contracting the disease. While the women interviewed acknowledged the possible environmental causes of disease such as food additives and contaminated water, Robertson pointed out that the women did not consider collective action to try to change policy as a strategy to lessen breast cancer risk, partially because of the emphasis on individual behavior on reducing one's own risk. Therefore, the focus on risk mediation at the individual level may displace wider structural and environmental causes of illness.

III. CONCLUSION

In this paper, I have shown how risk is a major trope in the discursive construction of health, that the ways in which risk is constructed in popular media both amplifies risk but suggests risk mediation is possible, and finally, that these discourses may actually lead to either health problems caused by anxiety or a feeling that risk is only able to be mitigated at the individual level. However, discourses on risk need not be restrictive, but can offer a useful paradigm for highlighting the incredibly complex etiology of diseases and concretize the difficulty of generalizing risk across populations. Yet, this more complex reading must be taken up by the media in order to provide a more realistic picture of risk. Providing for a more complex reading of the category risk and how that may inform other ways of viewing health and illness, rather than being restrictive, may actually enhance and promote more meaningful discussions on health, illness, and the complexity of achieving public health goals.

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